

BNL RADIATION-GENERATING DEVICE (RGD) REGISTRATION FORM

RGD Information		
Department/Division: _____ Facility Name: _____		
Model #: _____	Rm./Location: _____	Bldg.#: _____
Manufacturer: _____		Serial #: _____
For devices: Mfg. Rating: _____ kV _____ mA		Energy range : _____ keV
For sources: Isotope: _____	Activity: _____ mCi	Date In Service: _____
Status: Active <input type="checkbox"/> Out of Service (non-functional) <input type="checkbox"/> Out of Service (Administrative) <input type="checkbox"/>		
Classification Information (Top line for RCD entry)		
Check All That Apply		
<input type="checkbox"/> Shielded Installation	<input type="checkbox"/> Exempt Shielded Installation	<input type="checkbox"/> Open Installation
<input type="checkbox"/> Source Irradiator*	<input type="checkbox"/> Electron beam welder	<input type="checkbox"/> Portable/Mobile Device
<input type="checkbox"/> Analytical X-Ray Device	<input type="checkbox"/> RF/Microwave Cavity	<input type="checkbox"/> Fixed Device w/Partial Shielding
<input type="checkbox"/> Accelerator(< 10 MeV)	<input type="checkbox"/> Diffraction/Fluorescence	<input type="checkbox"/> Electron Microscope
<input type="checkbox"/> D-T Neutron Generator	<input type="checkbox"/> Produces X-rays incidentally	<input type="checkbox"/> Other _____
RGD Custodian Information		
RGD Custodian: _____		Org. _____
LAST	FIRST	
Bldg/Room: _____	Phone: _____	
Dept./Div. RGD Custodian: _____		Org. _____
LAST	FIRST	
Bldg/Room: _____	Mail: _____	Phone: _____
Procedures and Documentation		
Initial PDR Title: _____		Effective Until: _____
		Month Date Year
Author(s): _____		Doc. No. _____
To be completed by FS Personnel: Please attach copies of the RGD Survey and Pre-Survey checklist.		
FS Rep Signature: _____		Date: _____
*(For Irradiators) SRS ID#: _____		
Comments/Notes		

(Form completed by) Signature/Date: _____ Life No.: _____

Dept./Div. RGD Custodian Signature/Date: _____ Life No.: _____

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